

In Ireland . . . . .	June, 1832,	By Dr. Horphlin.
	May, 1837.	" Dr. Herbert Orphen.
	August, 1840.	" " "
	April, 1841.	" " "
	June, 1843.	" Dr. Mott.
	June, 1847.	" " "
	May, 1851.	" " "
	Jan. 7, 1853.	" " "
In New York . . . .	August, 1853.	" " "
	Jan. 7, 1854.	" Dr. A. B. Mott.
	May 26, 1854.	
	Oct. 25, 1854.	By Dr. A. B. Mott.
	Jan. 30, 1855.	" " "
	Mar. 9, 1855.	" " "
	June, 1855.	" " "

The patient died of the disease, in the fall of 1855.

W. F. A.

ART. XXI.—*Description of a New Midwifery Forceps, having a Sliding Pivot to prevent Compression of the Fœtal Head; with Cases.* By GEORGE T. ELLIOTT, M. D., Physician to Bellevue Hospital, the Nursery and Child's Hospital, and the Lying-in Hospital, etc. etc. 8vo. pp. 24.

"THERE is no end," said the wise king, "to making of many books," and, with equal propriety, it may be said, there is no end to the invention of new obstetrical forceps. Nearly every obstetrician believes himself competent to improve the instrument, by giving to it a new or additional curvature, by modifying its form, by changing the shape or breadth of its blades, or by adding to it some contrivance having for its object to facilitate its introduction and adjustment, or to prevent any injury being inflicted by it upon the head of the fœtus or the maternal organs. Whether all these are to be considered as improvements, it would be very difficult positively to determine; inasmuch as there is, we suspect, no one who has ascertained, from actual experience, the advantages and disadvantages of the several forceps in use, or which have, from time to time, been recommended as possessing excellencies in which all others are deficient. Each practitioner has a favourite instrument of his own, which, perhaps, is generally condemned by others, and this, perhaps, less from any positive evidence they may possess of its imperfections than from the fact that, being accustomed to the use of a certain form of instrument, they have acquired a facility in its application, and thus become so far satisfied with it, as to render them disinclined to make trial of any other.

That, from the results of increased experience, no very material improvements in the form and general construction of obstetrical forceps have been or can still be devised, we have no right to affirm. We believe they have been and that they may still further be improved.

In the pamphlet before us, we have the description of a new obstetrical forceps, the peculiarity of which consists in the insertion in the handles of "a sliding pivot" (pin?), by which the blades are prevented from being approximated more nearly than is necessary to permit them to simply grasp and retain hold of the fœtal head without compressing it.

According to Dr. Elliott, "the most that can be expected of an instrument is, that it successfully meets very numerous indications." He believes—

"1. That the principal use of the forceps, in the immense majority of cases, is that of a tractor alone; and that compression is always in some degree injurious, and to be avoided if possible.

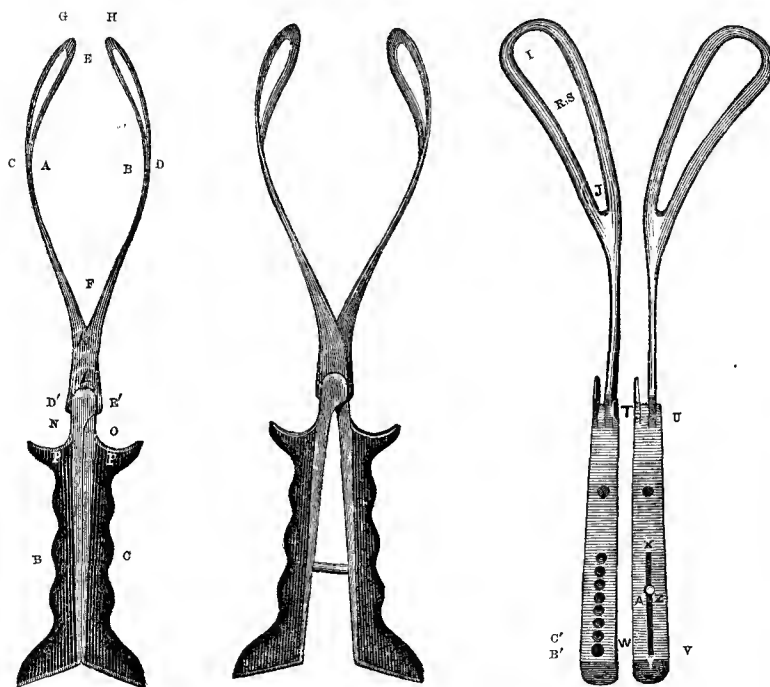
"2. That this traction can be applied, and should be applied, by competent men, in well selected cases, even though the head so float above the brim as to be only capable of being steadied by the hand, introduced above the pelvic brim;

and that thus the class of forceps known as short forceps would not, in these cases, meet the full requirements of the art.

"3. That this traction can be applied, and should be applied, by competent men, in well selected cases, through an os uteri, as yet barely dilated sufficiently to admit the blades separately, and that delivery may subsequently be effected by dilating, or lacerating or incising the os and cervix uteri; and that, in many of these cases, the neglect of this procedure entails loss of foetal life, demands the perforator, or perils the mother's life by delay, based on ignorance of the full capabilities of the instrument.

"4. I believe in the existence of a large class of cases, in which a light and slender forceps can simplify delivery by altering the position of the head—a procedure inoperative and injurious, when performed with instruments of large pelvic curve—while its neglect frequently demands the perforator, or makes the difference between a safe operation, or one of the greatest risk, to one or both of the lives at stake.

"5. That a forceps capable of fulfilling all these requisitions must, of necessity, be well adapted to those simpler cases, to which some men would limit their use, rendering them, in the words of Dewees, 'scarcely subservient to the art.'



Whole length of forceps . . .  $15\frac{1}{4}$  inches.

A to B . . .  $2\frac{1}{6}$  inches, face of forceps.

C " D . . .  $2\frac{1}{6}$  " " back "

E " F . . .  $6\frac{1}{2}$  " " "

G " H . . .  $2\frac{1}{6}$  " " "

I " J . . .  $4\frac{1}{2}$  " " "

K " L . . .  $1\frac{1}{2}$  " " "

L " M . . .  $6\frac{1}{2}$  " " "

N " O . . .  $\frac{3}{4}$  " " "

P " Q . . .  $1\frac{1}{8}$  " " "

R to S . . .  $1\frac{3}{8}$  inches, centre of fenestra.

T " U . . .  $\frac{1}{8}$  " " "

V " W . . .  $2\frac{1}{8}$  " " "

X " Y . . .  $2\frac{1}{8}$  " " "

Z " A' . . .  $1\frac{1}{2}$  " " "

B " C . . .  $1\frac{1}{2}$  " " "

Length of pin . . .  $\frac{1}{4}$  " "

Thickness of blade R S  $\frac{1}{8}$  of an inch, a little

thinner at the end.

N. B.—B'. This hole is sufficiently deep and wide to receive the entire pivot when it is not needed. C' is a little deeper than those above, so that the distance between the handles may be nicely graduated by the pivot.

D' to E'. These overhanging projections serve to prevent any risk from slipping of the lock when the handles are widely separated.

"Thus the forceps now presented is made as light as is consistent with strength, with its diameters as small as the indications given above would seem to warrant; while the introduction of the *pivot* allows handles long enough to be grasped by both of the operator's hands, without fearing risk to the child from pressure, either when the fetal head is large, or in those operations where it is utterly impossible now, and must ever be utterly impossible, to seize the head in any other way than by its oblique diameters."

D. F. C.

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ART. XXII.—*An Essay on the Pathology and Therapeutics of Scarlet Fever.*  
By CASPAR MORRIS, M.D., Fellow of the College of Physicians of Philadelphia,  
etc. etc. etc. 8vo. pp. 192. Philadelphia: Lindsay & Blakiston, 1858.

A MONOGRAPH ON scarlet fever, embracing the result of more than thirty years' observation of the disease by the author, in various public institutions as well as in private practice, cannot but be hailed by every practitioner as an acceptable addition to his means of instruction in respect to the nature, phenomena, and treatment of one of the most formidable of the diseases he may be called upon to treat. A disease which in its more severe forms has, heretofore, almost invariably marched on, with greater or less celerity, to a fatal issue, in despite of the most skilfully directed efforts of the physician to stay its destructive course, and which, even in cases where the patient struggles through the attack, and is permitted "to linger into life," leaves behind it chronic lesions of important organs, "equally, perhaps more, to be dreaded than the primary disease."

The essay of Dr. Morris claims to be such a monograph. It is an enlarged and amended edition of an essay published by him some years ago, and which was most favourably spoken of by such as had occasion to consult its pages. The work, in its present form, though somewhat deficient in method, and in many parts unnecessarily diffuse, presents a very fair, accurate, and satisfactory exposition of the actual state of medical opinion in respect to the pathology and therapeutical management of scarlet fever, in the various degrees of intensity, and with the different modifications and complications under which it presents itself, in the same or in different epidemic visitations.

We cannot say that we find in the work of Dr. Morris, any more accurate delineation of the disease; any clearer views of its nature, nor any more judicious and successful plan of treatment, than is contained in any of our leading systematic treatises on the practice of medicine, general or special. Still the publication of the essay is to be approved, inasmuch as it furnishes us with a statement of views in respect to the nature and management of a most important malady, the accuracy of which the author believes to be confirmed by a long and extensive experience. The comparison of views thus tested, with those derived by ourselves from our own field of observation, is an important means of enlarging and perfecting our acquaintance with disease, and perfecting our skill in its successful control.

Our own experience differs from that of the author in some few particulars. Thus, we have seen no facts to convince us of the contagiousness of scarlet fever; nor can we concede to the evidence adduced by the author and by others, so conclusive a character as he claims for it. It would but illy stand the test of a rigid logical scrutiny. We cannot conceive of a disease so eminently contagious as to be contracted, like, we are told, scarlatina may be, by simply looking upon an entirely new garment that had been sent, some distance, from a house in which the disease was prevailing, occurring as an epidemic, within such narrow limits as a single block of houses, while all the neighbouring square remained free from it, or, as we have more than once known to be the case, visiting every house on one side of a narrow street, while on the opposite side, not a single case occurred.

In the management of scarlet fever Dr. Morris advocates a mild and soothing or a sustaining tonic, and stimulating treatment; in this he is borne out by some of the best authorities in the profession, and in the mild, simple form of the dis-